

EAD
Memorandum



99
942.3

MD-14-61

DATE: October 7, 1986
TO: Lynn Davison
FROM: Tim Croll *Tim Croll*
SUBJECT: Trip Report 9/16 and 9/23 Trips to Sunohio Headquarters

I took two trips to Sunohio's Headquarters in Canton, Ohio last month to review the PCBX rig with Fire Department personnel. On 9/16/86 I went with Chief Hansen, Lt. Thomas and John Haigh (SFD); and Al Cuplin. This first trip was insufficient to satisfy SFD concerns about sodium safety. On 9/23/86, I returned to Canton with Chief Hansen, Lt. Fenstermaker, John Haigh, and Denis Sapiro (Fire Safety Consultant). A full two days of questioning, examination and discussion of fire permit concerns satisfied the Fire Department. We left Canton with agreement on all important safety concerns.

TC:jf

cc: Wegg
Croll
Tenney
EAD 942.3
File

SEATTLE CITY LIGHT DEPARTMENT
CLAIM FOR EXPENSES

INSTRUCTIONS: READ AND FOLLOW

1. Be careful to sign as payee.
2. Claim will not be allowed unless all information called for on the reverse side of this voucher is shown in detail.
3. Explain the purpose or reason for this claim.
4. Make report on special trip or assignment.
5. Attach receipted sub-vouchers received.

<i>For traveling and incidental expenses as shown in detail on the reverse hereof, and receipted sub-vouchers attached for the month of ...</i>		MONTH
CLAIM ITEMS	AMOUNTS	
Meals	\$ 87.75	
Hotel Rooms	142.50	
Private Car Mileage miles@ per mile.		
Other Transportation	144.71	
Sundry Expenses		
TOTAL EXPENSE		\$ 374.96
<div style="display: flex; justify-content: space-between;"> <div> Travel Advance \$ 90.00 Total Expense 374.96 Due City/Employee \$ 284.96 </div> <div style="text-align: right;"> Covers 2 trips. </div> </div>		
CERTIFICATION <i>I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.</i> Date <u>10/6/86</u> Payee <u><i>[Signature]</i></u> <u>Timothy C. Croll</u>		ORGANIZATION UNIT & LOCATION <u>120 RM 922</u> BUDGET ITEM <u>61</u> WORK ORDER OR ACCOUNT <u>70469-02</u>
PAYMENT AUTHORIZATION	PAYMENT	
ORIGINAL SIGNED BY Date Allowed <u>S. L. MAR</u> 19____ (SIGNATURE OF OFFICER OR DEPARTMENT SUPERINTENDENT)	CHECK NO. _____ DATE _____	

DAY OF MONTH	MEALS						HOTEL ROOM	PVT. CAR MILES	LOCATION	PURPOSE OR REASON FOR THIS CLAIM
	BREAK.		LUNCH		DINNER					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17	6	65	6	20	16	40	52 47 ³⁰		CANTON	LUSD PCB SUMMIT U.S. 7 I
18										
19										
20										
21										
22										
23	6	65	6	20	16	40	47 ³⁰		CANTON	II
24	6	65	6	20	16	40	47 ³⁰		CANTON	II
25										
26										
27										
28										
29										
30										
31										
TOTALS	19	95	18	60	49	20	142.30			